



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE OF EMERGENCY MEDICAL AND TRAUMA PREVENTION

PO Box 47853 • Olympia, Washington 98504-7853

TO: Licensed EMS Agency

FROM: Licensing and Certification Section

SUBJECT: Vehicle Changes Application

Attached is the information you requested to add or remove vehicles to your agency EMS license.

Please set aside a few minutes to provide a complete and accurate application. Attached is a list of vehicles we show as being licensed with your agency. Compare this list to the vehicles you have in service. Use the application on the backside of this memo to correct any discrepancies.

NOTE: Information on the application process and relative statutes, rules, patient care procedures and regional plans are available on our website at <http://www.doh.wa.gov/hsqa/emtp/>. Please click on "Licensure Processes." If you are unable to access the information via the Internet, please contact our office.

When you have completed the application, please mail it to the address shown on the bottom of the application.

If you have any questions, please contact the Licensing and Certification office at 1-800 458-5281 Ext. 1 or (360) 236-2845.

Attachment